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12/06/94

DEC 06 1994

HSM-5J

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mike Egnatuk  
c/o Shell Food Mart  
221 W. Leigh St.  
Homer, MI 49245



Re: Request for Information Pursuant to Section 104(e) of CERCLA for the Albion-Sheridan Township Landfill Site in Albion, Michigan, hereinafter referred to as "the Site".

Dear Mr. Egnatuk:

The United States Environmental Protection Agency (U.S. EPA) is currently investigating the source, extent and nature of the release or threatened release of hazardous substances, pollutants or contaminants on or about the Albion-Sheridan Township Landfill in Albion, Michigan. This investigation requires inquiry into the generation, storage, treatment and disposal of such substances that have been or threaten to be released at the Site. U.S. EPA is also investigating the ability of persons connected with the Site to pay for or perform a clean-up of the Site.

Pursuant to the authority of Section 104(e) of the Comprehensive Environmental Response Compensation and Liability Act (CERCLA), 42 U.S.C. 9604(e), as amended by the Superfund Amendments and Reauthorization Act of 1986, Pub. L. 99-499, you are hereby, requested to respond to the Information Requests enclosed. Compliance with the enclosed Information Requests is mandatory. Failure to respond fully and truthfully to each and every Information Request within twenty (20) days of receipt of this letter, or to adequately justify such failure to respond, can result in an enforcement action by U.S. EPA pursuant to Section 104(e) (5) of CERCLA which, as amended, authorizes the United States to seek penalties from a Federal court of up to twenty-five thousand dollars (\$25,000) for each day of continued non-compliance. "Non-compliance" is considered by U.S. EPA to be not only failure to respond to the Requests but also failure to respond completely and truthfully to each Request. Please be further advised that provision of false, fictitious, or fraudulent statements or representations may subject you to criminal penalties of up to ten thousand dollars (\$10,000) or up to five (5) years of imprisonment or both under 18 U.S.C. 1001.

The United States Environmental Protection Agency has the authority to use the information requested herein in an administrative, civil or criminal action. This Information Request is not subject to the approval requirements of the Paperwork Reduction Act of 1980, 44 U.S.C. § 3501, et. seq.

You may, if you desire, assert a business confidentiality claim covering part or all of the information requested, in the manner described by 40 CFR 2.203(b). Information covered by such a claim will be disclosed by U.S. EPA only to the extent, and only by means of the procedures, provided in 40 CFR Part 2, Subpart B. If no such claim accompanies the information when it is received by U.S. EPA, it may be made available to the public by U.S. EPA without further notice to you. You should read carefully the above-cited regulations, together with the standards set forth in Section 104(e)(7) of CERCLA, before asserting a business confidentiality claim, since certain categories of information are not properly the subject of such a claim, as stated in Section 104(e)(7)(ii) of CERCLA.

This Information Request is directed to your company, its officers, directors and employees and its subsidiaries, divisions, facilities, and their officers, directors and employees. The relevant time period for this Request is 1966 to 1981.

To ensure proper handling, your response to this Information Request should only be mailed to:

Evette L. Jones  
Superfund Program Management Branch, HSM-5J  
U.S. Environmental Protection Agency  
77 West Jackson Blvd.  
Chicago, IL 60604

If you have any questions concerning this request, please direct such questions to Evette L. Jones at (312) 353-9483. If you have legal questions, contact Barbara Wester at (312) 353-8514.

Thank you for your cooperation in this matter.

Sincerely,

**ORIGINAL SIGNED BY**  
**THOMAS W. MATEER**  
Thomas Mateer, Chief  
Superfund Program Management Branch

Enclosure

CONCURRENCE REQUESTED					
RESPONSIBLE PARTY SEARCH SECTION, SPMB, OSF					
AUTHOR	SECT'Y	SEC CHIEF	BR. CHIEF	RPM/WMD	ORC
11-23064		mp 12/5/94	11/16/94	LHE 11/21/94	LHE in BW

bcc: Barbara Wester, CS-29  
 Leah Evison, RPM  
 Deena Sheppard, addressee list only  
 Carolyn Bohlen, addressee list only

### INSTRUCTIONS

1. Read all questions and the affidavit before completing the form.
2. You must respond to all questions on the enclosed form.
3. For questions containing a YES/NO option, circle the appropriate response. Circle one response only.
4. If you require additional space for your response, attach additional sheets to this form. At the top of each sheet state your name and clearly indicate the number of the question to which you are responding.
5. Sign your name under oath at the end of the enclosed form.

### DEFINITIONS

1. "The Site" shall mean and include the property on or about the Albion-Sheridan Township Landfill in Albion, Michigan. The Albion-Sheridan Township Landfill is located approximately one mile east of Albion, Michigan between Michigan Avenue (also known as U.S. Highway 99 or old U.S. Highway 12) and East Erie Road. The area is also defined as Lot 27 and Lot 28 of the Supervisor's Plat.
2. The term "business" means any corporation, partnership, sole proprietorship, group, association, joint-venture, affiliation, subsidiary, agency or unit of government.
3. The term "affiliated" means any manner of ownership interest, franchise arrangement or partnership association and/or relationship including but not limited to: subsidiary, franchise, cooperative, partnership, trust, etc.
4. The term "supporting documents" means any and all records or documents which provide information to support your response. These include, but are not limited to, receipts, manifests, shipping documents, canceled checks, accounts payable/receivable records, accounting ledgers, weight tickets, etc.

INFORMATION REQUESTS

1. Full Legal Name of Business: \_\_\_\_\_  
\_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Telephone Number: \_\_\_\_\_  
(include area code)
4. Describe the type of business you owned and/or operated at 100 E. Michigan in Albion, MI. \_\_\_\_\_  
\_\_\_\_\_
5. Has your business used any other names since 1966? YES NO  
If YES, state previous business Name and Address.  
\_\_\_\_\_
6. Dates of Operation (under each name). \_\_\_\_\_  
\_\_\_\_\_
7. Is your business owned by or affiliated with any other business? YES NO If yes, state name of affiliated business.  
\_\_\_\_\_
8. Has your business changed ownership or affiliation anytime since 1966? YES NO  
Was this a Stock sale? YES NO  
Was this an asset sale? YES NO  
Other (please specify) \_\_\_\_\_  
State name and address of prior owner/affiliate.  
\_\_\_\_\_  
\_\_\_\_\_
9. Respond to the following concerning your business operations during the period 1966 to 1981.  
  
Did you change oil? YES NO

Did you change antifreeze and other motor vehicle fluids?

YES

NO

Did you have hydraulic equipment?

YES

NO

Did you use any solvents?

YES

NO

Did you use any paints?

YES

NO

10. If your answer to any of the questions in number 8 above was YES, respond to the following:

Where did you dispose of the waste material from these operations (state time frames for each disposal location)?

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Who transported the waste material to each disposal location? (Specify transporter name and address)

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11. Have you, or any of your agents or employees, ever arranged to dispose of any waste at the Site or arranged to dispose of waste with any hauler who may have disposed of the material at the Site? YES NO

If your response to number 10 was YES, answer numbers 11, 12, 13 and 14 below. If NO, skip to number 15.

12. State the date, or if unknown, approximate date, of each transaction to dispose of waste at the Site and/or with any waste hauler who may have disposed of the material at the Site.

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(Submit copies of all supporting documents.)

13. What type of material did you arrange to dispose of at the Site? (Check each applicable substance)

Waste oil

\_\_\_\_\_

Antifreeze

\_\_\_\_\_

Spent solvents

\_\_\_\_\_

Waste grease

\_\_\_\_\_

Paints

\_\_\_\_\_

Cleaning Fluids

\_\_\_\_\_

Gasoline

\_\_\_\_\_

Diesel fuel

\_\_\_\_\_

Batteries

\_\_\_\_\_

Battery Acid

\_\_\_\_\_

Tires

\_\_\_\_\_

Gear Lube

\_\_\_\_\_

Hydraulic/Transmission/Brake Fluids

\_\_\_\_\_

Other Material (Please specify):

\_\_\_\_\_

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14. For each substance identified in number 12, estimate the total volume or number of gallons that you arranged to dispose of at the Site.

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(If exact figures are available please state amount and supply supporting documentation.)

15. Is the only material you arranged to dispose of at the Site oil you accepted for collection from private citizens who changed their own oil? (Do not circle YES if you also sent material from vehicles your business serviced or if you mixed other material with this "recycled oil.") YES NO
16. Do you know the names of any other businesses that arranged to dispose of waste at the site or who arranged to dispose of waste with a waste hauler who disposed of the waste at the Site? If so, state the name, address and type of waste, if known, for each business.

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If you need additional space for any of your responses use the following.

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**AFFIDAVIT**

I, the undersigned, being first duly sworn on my oath, depose and state that I have conducted a reasonably prudent search for facts, data and documents which included interviewing knowledgeable persons and examining relevant documents and that the above are true responses to the questions and information requests.

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Your Signature

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Print your name

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Home address

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Home Phone

---

City, State and Zip

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Business Phone



**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.

Print your name and address on the reverse of this form so that we can return this card to you.

- Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mike Egnatuk  
c/o Shell Food Mart  
221 W. Leigh St.  
Homer, MI 49245

4a. Article Number

Z 411 896 289

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

12-8-94

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)